STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	**10/02/2015**
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT CORAL PLAZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5850 MARGATE BLVD. MARGATE, FL 33063**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A licensure complaint (CCR # 2015006923 & CCR# 2015006936) was conducted on 9/29/2015 and 10/2/2015 at Livewell at Coral Plaza. The facility had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, it was determined that the facility failed to ensure residents' reside in a safe living environment free from and neglect for all residents that reside in the facility, including Resident #5. This was evidenced by facility failure to implement steps to ensure the safety and well-being of residents upon notification of an allegation and to implement the facility's policy and incident report policy.

The findings include:

On , a record review of Resident #5 found an admission date of and a discharge date of . Resident #5's daughter is her Power of Attorney (POA). Resident #5 Agency for Health Care 1823 assessment form is dated for with a diagnosis of Status Post AVR, , and knees. Further record review revealed Resident #5's progress note dated for / at 4 PM which indicates "During observations, Resident #5's left eye was observed to have a black mark around it. On / at 6 pm, Resident #5's daughter arrived at the facility. Resident #5's daughter called the police department claiming someone hit her mother in the left eye. The police men arrived and dismissed the accusations. Staff was questioned on the shift and stated they did not notice. An Adverse Report will be completed and faxed to AHCA, Physician faxed and Resident #5's daughter is taking her mother to Emergency observations."

In interviews conducted on at 3:30 with staff members who worked on / during the morning shift and the evening shift: they stated they remember that Resident #5 had a slight mark under the eye when her glasses were removed and they are not sure if the mark under Resident #5's eye was a result from a . On , interviews with Staff A, B, C, D, and E revealed no in the facility.

Review of the facility's Policy and Procedure showed the following: Upon the investigation, the facility should notify the hotline. If the allegation is pertaining to a specific employee, the employee will be investigated and moved to a different section or upon administrator's judgement may be suspended until the investigation by a third party is completed. The family will be notified, and if indeed there was an , the facility will file an adverse incident with AHCA. (Copy obtained)

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Review of the facility's Incident Reporting Policy and Procedure shows the following: The policy indicates the report should be completed in its entirety. Any written physician reports are to be attached to the incident report. The Administrator is to acknowledge, by signature, that the incident has been reviewed and is to indicate what action and/or recommendations were taken to avoid reoccurrence. Anytime there is an incident report completed, the physician shall be notified of the incident, the family or POA shall be notified even if an injury has not occurred (Copy Obtained).

During an interview with the Administrator on at 3 PM, she stated all components of an incident report are documented on the resident progress notes when an incident occurs with a resident. During the interview and record review of the progress note incident summary, it was identified that the facility failed to complete a detailed incident report and/or progress note that lays out all steps and procedures taken to investigate as evidenced by the facility's failure to remove staff members who provided care to Resident #5 on / from their job duties, failure to immediately notify Resident #5's family member of the under her left eye, and failure to list steps taken to prevent recurrence.

During an interview with the Director of Nursing (DON), Administrator and the Owner of the ALF on , they stated Resident #5's daughter called the police on / . The DON stated on / at 4 pm she noticed the mark on Resident #5's face under her left eye. She stated they did not call Resident #5's daughter immediately to notify her about Resident #5's under her left eye because staff knew Resident #5's daughter was on her way to the facility on that day. The DON stated Resident #5's daughter arrived at the facility on / at 6 PM and saw the under her mother's left eye. She stated Resident #5's daughter became very upset and Resident #5's daughter called the police and the Department of Children and Families. The Administrator stated Resident #5 wore glasses and they assumed that the impression from her eye glasses gave her the mark under her eye. The Administrator stated they spoke to staff members during the day and evening shift that took care of Resident #5 that day and they stated they were not aware of any mark until the DON removed Resident #5's glasses from her face and noticed a mark under her left eye. The DON stated information was faxed to Resident #5's physician but they no longer have that information on file. The DON stated the facility has no physician assessment completed for the incident reported on / . The Administrator stated on / at 6 PM, Resident #5's daughter stated she is taking her mother to the Emergency . The Administrator stated on / , Resident #5 and her daughter returned to the ALF and Resident #5 ' s daughter wanted to work things out. The Administrator stated they do not know if Resident #5 was taken to the Emergency there were no discharge notes or physician reports were obtained from Resident #5's daughter when they returned to the facility on / .

On , the Administrator acknowledged that they did not follow the appropriate protocol for an allegation of . She acknowledged that she did not remove the staff members that were taking care

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of Resident #5 on the morning and evening shift of 5/31/2015 from their duties until the investigation was over, did not notify Resident # 5's daughter immediately of Resident #5's mark under her eye, did not complete an accurate assessment, did not notify the physician for an assessment and did not follow through with a completed incident report and did not report the incident to the state.

On at 5 PM, the Administrator acknowledged the finding of failure to complete an accurate incident report and failure to protect Resident #5 and other residents within the facility upon immediate notification of the allegation voiced by Resident #5's daughter.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Livewell At Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

RE: CCR #2015006923 & CCR #2015006936

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2015 and , 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 25, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure
XG90

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